ISSUE SLIP STAPLE AREA (for additional cross references)

ISSUE SLIF	DATE		
	INITIALS	ID NO.	DATE
POSITION	100000		03.10.01
	Maile		2/18/01
FEE DETERMINATION	1161	75	10/2/10/
O.I.P.E. CLASSIFIER	TA	///3	01.44
FORMALITY REVIEW RESPONSE FORMALITY REVIEW	V		
RESPONSE FORMACIO		1	

INDEX OF CLAIMS

INDEX OF CLAI	
Allowed	Interference Appeal Objected

(Through numeral)	Canceled	0	Objected
(Through numeral)	Hestricted		Claim Date
	Ciaim	Date	
Claim Date	S (S) (S)	111111	Original
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	56 2	1-1-1-1-1	107
	1 100	++++	108
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	1 82 V	1-1-1-1-1-1	113
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13	42	++++	115
	65		116
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1911	70	+ + + + + +	121
20	71	+ + + + + +	122
	72	+++++	
	73	++++	124
23	75	+++	125
105	76		127
25 27 28	77	T + + + +	128
	78		129
38	79		130
3	80	++++	131
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	1 183		134
	84		135
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35 V	86		137
130 11 1 1	87	++++	138
37 38	89	++++	139
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40 77	1 191	++-	1 142
41 1	92		143 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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43 7	94		145
44 7 1	95	+++++	146
45 /	96	++++	148
46 3 1	98		149 149
48 1	199		150
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50		or 1	o actionS

If more than 150 claims or 10 actions staple additional sheet here

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